

South Dakota Department of Education
Application for Special Education Extraordinary Cost Funds
2005–2006 School Year – 2nd Half

Applying District -----
Address -----

Contact Person -----
Title -----
Telephone No. -----
Fax No. -----
E-Mail Address -----

This application for extraordinary cost funds must be completed in full before the Department of Education's oversight review board can consider it. Extraordinary cost funds will be distributed on a reimbursement basis only to those school districts which meet the criteria stated in ARSD Chapter 24:05:33:01.

Section 1: Applicant District's Certification

In making application for extraordinary cost funds, the _____
District Name
certifies the following:

- | | yes | no | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | This request for extraordinary cost support is only for those costs which: <ul style="list-style-type: none">• were incurred in providing a free appropriate public education to students with disabilities, and• cannot be covered by the district's resources resulting from the maximum (or required local effort) special education tax levy. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <p>The local school district levies and expends the maximum amount allowed pursuant to SDCL 13-37-16 (\$1.40). If no, please identify the district levy rate for taxes payable in 2005 \$_____ and taxes payable in 2006 \$_____.</p> <p>If no, also please explain why your district did not or is not levying at the maximum allowed?_____</p> <p>_____</p> <p>_____</p> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | This request addresses the extraordinary costs associated with one or a group of students. Please submit a "Student Profile" form for each student associated with this request. Copies of IEPs are <u>not</u> required. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Any extraordinary cost funds will be applied to cover those special education costs deemed "allowable" under state rule and as defined in the School Accounting Manual. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <p><u>All</u> required supporting documents are enclosed:</p> <ul style="list-style-type: none">• The district's most recent balance sheet and year to date (through the month of April, 2006) <u>statement of revenue, expenditures and changes in fund balance for the special education fund</u> (budget vs actual). A <u>trial balance report</u> is <u>NOT</u> acceptable.• Student Profiles, as identified in #3 above.• Funding Worksheet for Revenues/Expenditures FY06.• Signed Certification Statement. |

Section 2. Narrative Support of the Request

1. Provide a brief narrative background of the need for extraordinary cost funds and the circumstances that led to this request.
2. If the shortfall in this fiscal year is *not* associated with a specific “extraordinary” event, briefly describe the circumstances that lead to this request.

3. Is your district's overall adjusted average cost per student for special education greater than the state average? If yes, please explain why.

4. If your district has received funding for the past two consecutive fiscal years, outline below how your district will specifically plan to bring your expenditures in line with revenue (excluding supplemental payments from this board)?